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** CONTINUING DATA *****
 NONE *JH*

** FOREIGN APPLICATIONS *****
 NONE *JH*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/30/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 1	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *JH*

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TITLE
 Multifocal ophthalmic lenses

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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